

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2	/												
3	/												
4	/												
5	/												
6	/												
7	/												
8	/												
9	/												
10	/												
11	/												
12	//												
13	//												
14	/												
15	/												
16	/												
17	/												
18	/												
19	/												
20	/												
21	/												
22	2												
23	2												
24	2												
25	/												
26	/												
27	/												
28	/												
29	/												
30	/												
31	/												
32	/												
33	/												
34	/												
35	/												
36	/												
37	/												
38	/												
39	/												
40	/												
41	/												
42	/												
43	/												
44	/												
45	/												
46	/												
47	/												
48	/												
49	/												
50	2												
51													
52													
53													
54	3												
55													
56													
57													
58													
59	4												
60	4												
61													
62													
63													
64	3												
65													
66													
67													
68													
69													
70													
71													
72													
73	3												
74	9												
75	9												
76	9												
77	9												
78	9												
79	11												
80													
81													
82													
83	1												
84													
85													
86													
87													
88													
89													
90													
91	1												
92													
93													
94													
95													
96													
97	1												
98	1												
99	1												
100	1												
TOTAL IND.	7						TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	7						TOTAL CLAIMS	5					

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						